



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-007998	Officer: Wood, Daniel D	Date: 5/31/2014	Time: 0058	Day: Saturday
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Attached Reports: (Check All That Apply)

- Incident Report
 Arrest Report
 Booking Photo

Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Suspect Name: Alexander Dusaitis	OIC at time of Incident: Sgt. Howe
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Suspect Information: CHECK ALL THAT APPLY

- | | |
|--|---|
| <input type="checkbox"/> Armed with a deadly weapon | <input type="checkbox"/> Armed with a non-deadly weapon |
| <input checked="" type="checkbox"/> Not armed | <input type="checkbox"/> Had been drinking |
| <input type="checkbox"/> Impaired or Intoxicated | <input type="checkbox"/> Under the influence of drugs |
| <input type="checkbox"/> Agitated prior to police arrival | <input type="checkbox"/> Any disability (describe): |
| <input type="checkbox"/> Language barrier (if so, language spoken) | |

Type of Force Used: CHECK ALL THAT APPLY

- | | | |
|---|---|---|
| Soft Hand Control | Hard Hand Control | Firearm |
| <input type="checkbox"/> Joint Manipulation | <input type="checkbox"/> Open Hand Strike | <input type="checkbox"/> Handgun Deployed |
| <input type="checkbox"/> Pressure Point Control | <input type="checkbox"/> Kick | <input type="checkbox"/> Handgun Used |
| Secondary Weapon System | <input type="checkbox"/> Knee Strike | <input type="checkbox"/> Rifle Deployed |
| <input type="checkbox"/> OC | <input checked="" type="checkbox"/> Take Down | <input type="checkbox"/> Rifle Used |
| <input type="checkbox"/> Baton | <input type="checkbox"/> Other (describe) | <input type="checkbox"/> Shotgun Deployed |
| <input type="checkbox"/> K-9 | | <input type="checkbox"/> Shotgun Used |
| <input type="checkbox"/> Other (describe) | | <input type="checkbox"/> Less Lethal- 12 Ga- Deployed |
| <input type="checkbox"/> Taser | | <input type="checkbox"/> Less Lethal- 12 Ga- Used |
| | | <input type="checkbox"/> Less Lethal- 40 mm- Deployed |
| | | <input type="checkbox"/> Less Lethal- 40 mm- Used |
| | | <input type="checkbox"/> Noise Flash Device |
| | | <input type="checkbox"/> Gas Deployment- OC/CS |

Injury Information:

Were any injuries sustained to officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, describe below...
Right Shoulder Pain			
Were any injuries sustained to suspect?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, describe below...
Cuts, Scrapes to head and hands. Denied Medical Attention			
Was medical attention provided?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, describe below...

Describe the effects of the force used on any persons involved, and any decontamination method used if any....
Officer tackled 2 fleeing suspects. Both apprehended

Officer Information:

# of officers present: 2	# of officers injured: 1
Officer description: <input checked="" type="checkbox"/> Uniform	<input type="checkbox"/> Plain Clothes
Duty Status: <input checked="" type="checkbox"/> On Duty	<input type="checkbox"/> Off Duty <input type="checkbox"/> On Duty Detail/Location
Route/Assignment: 1-2A	
<input checked="" type="checkbox"/> Verbal Commands used Before	<input checked="" type="checkbox"/> Verbal Commands Used During
	<input checked="" type="checkbox"/> Verbal Commands Used After

Miscellaneous Information:

Offense/Charge:					
Lighting:	<input type="checkbox"/> Daylight	<input checked="" type="checkbox"/> Artificial	<input checked="" type="checkbox"/> Low Light	<input type="checkbox"/> Darkness	
Location:	<input type="checkbox"/> Indoors	<input checked="" type="checkbox"/> Outdoors			
Weather Conditions	<input type="checkbox"/> Sunny	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Rain	<input type="checkbox"/> Snow
Surface Conditions:	<input checked="" type="checkbox"/> Flat	<input type="checkbox"/> Incline	<input type="checkbox"/> Decline	<input type="checkbox"/> Wet	<input type="checkbox"/> Dry
	<input type="checkbox"/> Ice/Snow	<input type="checkbox"/> Debris	<input type="checkbox"/> No Debris	<input checked="" type="checkbox"/> Other	Curbing & Sidewalk

This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the Incident Report, Arrest Report & Booking Photo and forwarded to the Training Director.

Signature of reporting officer: 	Reviewed by: 	Date: 5-31-14
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MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-007998	Officer: Wood, Daniel D	Date: 5/31/2014	Time: 0058	Day: Saturday
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OIC Comment/Review:

After reviewing the reports for this case, I find that Officer Wood used the necessary force to prevent the two suspects from escaping from Officer Joyal.

[Handwritten Signature]



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-007998	Officer: Joyal, Eric M	Date: 5/31/2014	Time: 0058	Day: Saturday
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Attached Reports: (Check All That Apply)

Incident Report
 Arrest Report
 Booking Photo

Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Suspect Name: Nicholas Dusaitis	OIC at time of Incident: Sgt. Howe
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Suspect Information: CHECK ALL THAT APPLY

<input type="checkbox"/> Armed with a deadly weapon	<input type="checkbox"/> Armed with a non-deadly weapon
<input checked="" type="checkbox"/> Not armed	<input type="checkbox"/> Had been drinking
<input type="checkbox"/> Impaired or Intoxicated	<input type="checkbox"/> Under the influence of drugs
<input type="checkbox"/> Agitated prior to police arrival	<input type="checkbox"/> Any disability (describe):
<input type="checkbox"/> Language barrier (if so, language spoken)	

Type of Force Used: CHECK ALL THAT APPLY

<p><u>Soft Hand Control</u></p> <input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control <p><u>Secondary Weapon System</u></p> <input type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input type="checkbox"/> Taser	<p><u>Hard Hand Control</u></p> <input type="checkbox"/> Open Hand Strike <input type="checkbox"/> Kick <input type="checkbox"/> Knee Strike <input type="checkbox"/> Take Down <input checked="" type="checkbox"/> Other (describe) Closed Hand Strike	<p><u>Firearm</u></p> <input type="checkbox"/> Handgun Deployed <input type="checkbox"/> Handgun Used <input type="checkbox"/> Rifle Deployed <input type="checkbox"/> Rifle Used <input type="checkbox"/> Shotgun Deployed <input type="checkbox"/> Shotgun Used <input type="checkbox"/> Less Lethal- 12 Ga- Deployed <input type="checkbox"/> Less Lethal- 12 Ga- Used <input type="checkbox"/> Less Lethal- 40 mm- Deployed <input type="checkbox"/> Less Lethal- 40 mm- Used <input type="checkbox"/> Noise Flash Device <input type="checkbox"/> Gas Deployment- OC/CS
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Injury Information:

Were any injuries sustained to officer?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe below...
Officer Wood injured his shoulder and needed to be looked at by CMC.		
Were any injuries sustained to suspect?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe below...
Cuts and scrapes to head and hands. Denied medical attention.		
Was medical attention provided?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, describe below...

Describe the effects of the force used on any persons involved, and any decontamination method used if any....
 After the Suspect struck Officers, I struck Dusaitis multiple times in order to gain compliance and take him into custody.

Officer Information:

# of officers present: <u>2</u>	# of officers injured: <u>1</u>
Officer description: <input checked="" type="checkbox"/> Uniform <input type="checkbox"/> Plain Clothes	
Duty Status: <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty <input type="checkbox"/> On Duty Detail/Location	
Route/Assignment: Unit 1-4	
<input checked="" type="checkbox"/> Verbal Commands used Before	<input checked="" type="checkbox"/> Verbal Commands Used During
	<input checked="" type="checkbox"/> Verbal Commands Used After

Miscellaneous Information:

Offense/Charge: Resisting Arrest, Simple Assault on a PO X3, Hindering Apprehension

Lighting:	<input type="checkbox"/> Daylight	<input checked="" type="checkbox"/> Artificial	<input checked="" type="checkbox"/> Low Light	<input type="checkbox"/> Darkness
Location:	<input type="checkbox"/> Indoors	<input checked="" type="checkbox"/> Outdoors		
Weather Conditions:	<input type="checkbox"/> Sunny	<input type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Rain <input type="checkbox"/> Snow
Surface Conditions:	<input checked="" type="checkbox"/> Flat	<input type="checkbox"/> Incline	<input type="checkbox"/> Decline	<input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry
	<input type="checkbox"/> Ice/Snow	<input type="checkbox"/> Debris	<input type="checkbox"/> No Debris	<input checked="" type="checkbox"/> Other: Curbing and sidewalk

This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the Incident Report, Arrest Report & Booking Photo and forwarded to the Training Director.

Signature of reporting officer: 	Reviewed by: 	Date: 5/31/14
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A-2



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-007998	Officer Joyal, Eric M	Date: 5/31/2014	Time: 0058	Day: Saturday
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OIC Comment/Review:

After reviewing the reports for this case, I find that Officer Joyal used the necessary force to affect the arrest of the two suspects and to prevent further injury to Officer Wood or himself.


Sgt. Howe

AE



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-007998 Officer: Joyal, Eric M Date: 5/31/2014 Time: 0058 Day: Saturday

Attached Reports: (Check All That Apply)

Incident Report Arrest Report Booking Photo

Was an arrest made? Suspect Name: OIC at time of Incident:
 Yes No Nicholas Dusaitis Sgt. Howe

Suspect Information: CHECK ALL THAT APPLY

<input type="checkbox"/> Armed with a deadly weapon	<input type="checkbox"/> Armed with a non-deadly weapon
<input checked="" type="checkbox"/> Not armed	<input type="checkbox"/> Had been drinking
<input type="checkbox"/> Impaired or Intoxicated	<input type="checkbox"/> Under the influence of drugs
<input type="checkbox"/> Agitated prior to police arrival	<input type="checkbox"/> Any disability (describe):
<input type="checkbox"/> Language barrier (if so, language spoken)	

Type of Force Used: CHECK ALL THAT APPLY

<p>Soft Hand Control</p> <input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control	<p>Hard Hand Control</p> <input type="checkbox"/> Open Hand Strike <input type="checkbox"/> Kick <input type="checkbox"/> Knee Strike <input type="checkbox"/> Take Down <input checked="" type="checkbox"/> Other (describe) Closed Hand Strike	<p>Firearm</p> <input type="checkbox"/> Handgun Deployed <input type="checkbox"/> Handgun Used <input type="checkbox"/> Rifle Deployed <input type="checkbox"/> Rifle Used <input type="checkbox"/> Shotgun Deployed <input type="checkbox"/> Shotgun Used	<input type="checkbox"/> Less Lethal- 12 Ga- Deployed <input type="checkbox"/> Less Lethal- 12 Ga- Used <input type="checkbox"/> Less Lethal- 40 mm- Deployed <input type="checkbox"/> Less Lethal- 40 mm- Used <input type="checkbox"/> Noise Flash Device <input type="checkbox"/> Gas Deployment- OC/CS
<p>Secondary Weapon System</p> <input type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input type="checkbox"/> Taser			

Injury Information

Were any injuries sustained to officer? Yes No If yes, describe below...
 Officer Wood injured his shoulder and needed to be looked at by CMC.

Were any injuries sustained to suspect? Yes No If yes, describe below...
 Cuts and scrapes to head and hands. Denied medical attention.

Was medical attention provided? Yes No If yes, describe below...

Describe the effects of the force used on any persons involved, and any decontamination method used if any....
 After the Suspect struck Officers, I struck Dusaitis multiple times in order to gain compliance and take him into custody.

Officer Information

of officers present 2 # of officers injured: 1

Officer description: Uniform Plain Clothes

Duty Status: On Duty Off Duty On Duty Detail/Locatio

Route/Assignment: Unit 1-4

Verbal Commands used Before Verbal Commands Used During Verbal Commands Used After

Miscellaneous Information

Offense/Charge: Resisting Arrest, Simple Assault on a PO X3, Hindering Apprehension

Lighting: Daylight Artificial Low Light Darkness

Location: Indoors Outdoors

Weather Conditions Sunny Clear Cloudy Rain Snow

Surface Conditions: Flat Incline Decline Wet Dry

Ice/Snow Debris No Debris Other Curbing and sidewalk

This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the Incident Report, Arrest Report & Booking Photo and forwarded to the Training Director

Signature of reporting officer: *[Signature]* #171 Reviewed by: *[Signature]* #21 Date: 5/31/14

[Handwritten initials] A-2



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-007998	Officer: Wood, Daniel D	Date: 5/31/2014	Time: 0058	Day: Saturday
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OIC Comment/Review:

After reviewing the reports for this case, I find that Officer Wood used the necessary force to prevent the two suspects from escaping from Officer Joyal.

[Handwritten Signature] 21



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-8036	Officer: McCabe, Shawn W	Date: 5/31/2014	Time: 2000	Day: Saturday
Attached Reports: (Check All That Apply)				
<input checked="" type="checkbox"/> Incident Report <input type="checkbox"/> Arrest Report <input type="checkbox"/> Booking Photo				
Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Suspect Name: Edward Habaj		OIC at time of Incident: Lt Boucher	
Suspect Information: CHECK ALL THAT APPLY				
<input type="checkbox"/> Armed with a deadly weapon <input type="checkbox"/> Armed with a non-deadly weapon <input type="checkbox"/> Not armed <input type="checkbox"/> Had been drinking <input type="checkbox"/> Impaired or Intoxicated <input checked="" type="checkbox"/> Under the influence of drugs <input type="checkbox"/> Agitated prior to police arrival <input type="checkbox"/> Any disability (describe): <input type="checkbox"/> Language barrier (if so, language spoken)				
Type of Force Used: CHECK ALL THAT APPLY				
<u>Soft Hand Control</u>		<u>Hard Hand Control</u>		<u>Firearm</u>
<input checked="" type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control		<input type="checkbox"/> Open Hand Strike <input type="checkbox"/> Kick <input type="checkbox"/> Knee Strike <input type="checkbox"/> Take Down <input type="checkbox"/> Other (describe)		<input type="checkbox"/> Handgun Deployed <input type="checkbox"/> Handgun Used <input type="checkbox"/> Rifle Deployed <input type="checkbox"/> Rifle Used <input type="checkbox"/> Shotgun Deployed <input type="checkbox"/> Shotgun Used
<u>Secondary Weapon System</u>		<input type="checkbox"/> Less Lethal- 12 Ga- Deployed <input type="checkbox"/> Less Lethal- 12 Ga- Used <input type="checkbox"/> Less Lethal- 40 mm- Deployed <input type="checkbox"/> Less Lethal- 40 mm- Used <input type="checkbox"/> Noise Flash Device <input type="checkbox"/> Gas Deployment- OC/CS		
<input type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input checked="" type="checkbox"/> Taser				
Injury Information:				
Were any injuries sustained to officer?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, decribe below...
Were any injuries sustained to suspect?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, decribe below...
Was medical attention provided?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, decribe below...
Medical attention provided for the OD as well as for the medication administered				
Describe the effects of the force used on any persons involved, and any decontamination method used if any....				
Taser deployed first time (drive stun) by me no effect, Taser deployed a second time (drive stun) by Officer Duchesne no effect. Taser deployed third time (drive stun at the same time) by Officer Duchesne and I which was effective.				
Officer Information:				
# of officers present: 2		# of officers injured: 0		
Officer description:		<input checked="" type="checkbox"/> Uniform <input type="checkbox"/> Plain Clothes		
Duty Status:		<input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty <input type="checkbox"/> On Duty Detail/Location		
Route/Assignment: Patrol Sgt				
<input checked="" type="checkbox"/> Verbal Commands used Before <input checked="" type="checkbox"/> Verbal Commands Used During <input checked="" type="checkbox"/> Verbal Commands Used After				
Miscellaneous Information:				
Offense/Charge: Simple assault, Resisting, Possession of a controlled drug				
Lighting: <input type="checkbox"/> Daylight <input checked="" type="checkbox"/> Artificial <input type="checkbox"/> Low Light <input type="checkbox"/> Darkness				
Location: <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors				
Weather Conditions: <input type="checkbox"/> Sunny <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow				
Surface Conditions: <input checked="" type="checkbox"/> Flat <input type="checkbox"/> Incline <input type="checkbox"/> Decline <input type="checkbox"/> Wet <input type="checkbox"/> Dry				
<input type="checkbox"/> Ice/Snow <input type="checkbox"/> Debris <input type="checkbox"/> No Debris <input type="checkbox"/> Other				
This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the Incident Report, Arrest Report & Booking Photo and forwarded to the Training Director.				
Signature of reporting officer:		Reviewed by:		Date: 06-02-14

MC



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-8036	Officer McCabe, Shawn W	Date: 5/31/2014	Time: 2000	Day: Saturday
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OIC Comment/Review:

I have reviewed the arrest reports, booking photo, and response to resistance form for this incident. I find that the level of force used was appropriate given the circumstances presented to the officers.

Lt Boucher



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-8036 Officer: Duchesne, Jonathan M Date: 5/31/2014 Time: 1954 Day: Saturday

Attached Reports: (Check All That Apply)

Incident Report Arrest Report Booking Photo

Was an arrest made? Suspect Name: OIC at time of Incident:

Yes No Habaj, Edward Lt. Boucher

Suspect Information: CHECK ALL THAT APPLY

Armed with a deadly weapon Armed with a non-deadly weapon
 Not armed Had been drinking
 Impaired or Intoxicated Under the influence of drugs
 Agitated prior to police arrival Any disability (describe):
 Language barrier (if so, language spoken)

Type of Force Used: CHECK ALL THAT APPLY

<p><u>Soft Hand Control</u></p> <input checked="" type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control	<p><u>Hard Hand Control</u></p> <input type="checkbox"/> Open Hand Strike <input type="checkbox"/> Kick <input type="checkbox"/> Knee Strike <input type="checkbox"/> Take Down <input type="checkbox"/> Other (describe)	<p><u>Firearm</u></p> <input type="checkbox"/> Handgun Deployed <input type="checkbox"/> Handgun Used <input type="checkbox"/> Rifle Deployed <input type="checkbox"/> Rifle Used <input type="checkbox"/> Shotgun Deployed <input type="checkbox"/> Shotgun Used	<input type="checkbox"/> Less Lethal- 12 Ga- Deployed <input type="checkbox"/> Less Lethal- 12 Ga- Used <input type="checkbox"/> Less Lethal- 40 mm- Deployed <input type="checkbox"/> Less Lethal- 40 mm- Used <input type="checkbox"/> Noise Flash Device <input type="checkbox"/> Gas Deployment- OC/CS
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Secondary Weapon System

OC
 Baton
 K-9
 Other (describe)
 Taser

Injury Information:

Were any injuries sustained to officer? Yes No If yes, describe below...

Were any injuries sustained to suspect? Yes No If yes, describe below...

Was medical attention provided? Yes No If yes, describe below...

Medical treatment provided due to the overdose.

Describe the effects of the force used on any persons involved, and any decontamination method used if any....

attempted to use joint manipulation on susp. Left arm to place into handcuffs(unsuccesful). Taser drive-stun deployed by Sgt.McCabe had no effect. I went to drivestun also was unsuccessful. Both Sgt.McCabe and I deployed a second time wich was effective.

Officer Information:

of officers present: 2 # of officers injured: 0

Officer description: Uniform Plain Clothes

Duty Status: On Duty Off Duty On Duty Detail/Location

Route/Assignment: 1-2

Verbal Commands used Before Verbal Commands Used During Verbal Commands Used After

Miscellaneous Information:

Offense/Charge: Poss. Of Drugs, Simple Assault, Resisting Arrest

Lighting: Daylight Artificial Low Light Darkness

Location: Indoors Outdoors

Weather Conditions Sunny Clear Cloudy Rain Snow

Surface Conditions: Flat Incline Decline Wet Dry
 Ice/Snow Debris No Debris Other

This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the Incident Report, Arrest Report & Booking Photo and forwarded to the Training Director.

Signature of reporting officer: *[Signature]* Reviewed by: *[Signature]* Date: 06-02-14



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-8036	Officer Duchesne, Jonathan M	Date: 5/31/2014	Time: 1954	Day: Saturday
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OIC Comment/Review:

I have reviewed the arrest reports, booking photo, and response to resistance form for this incident. I find that the level of force used was appropriate given the circumstances presented to the officers.

Lt. Boucher



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-7778 Officer Bifsha, Robert Date: 5/27/2014 Time: 0820 Day: Tuesday

Attached Reports: (Check All That Apply)

Incident Report Arrest Report Booking Photo

Was an arrest made? Suspect Name: OIC at time of Incident:
 Yes No Candelano, Jason LT SOUCY

Suspect Information: CHECK ALL THAT APPLY

<input type="checkbox"/> Armed with a deadly weapon	<input type="checkbox"/> Armed with a non-deadly weapon
<input checked="" type="checkbox"/> Not armed	<input type="checkbox"/> Had been drinking
<input type="checkbox"/> Impaired or Intoxicated	<input type="checkbox"/> Under the influence of drugs
<input checked="" type="checkbox"/> Agitated prior to police arrival	<input type="checkbox"/> Any disability (describe):
<input type="checkbox"/> Language barrier (if so, language spoken)	

Type of Force Used: CHECK ALL THAT APPLY

<p>Soft Hand Control</p> <input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control <p>Secondary Weapon System</p> <input type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input checked="" type="checkbox"/> Taser	<p>Hard Hand Control</p> <input type="checkbox"/> Open Hand Strike <input type="checkbox"/> Kick <input type="checkbox"/> Knee Strike <input type="checkbox"/> Take Down <input type="checkbox"/> Other (describe)	<p>Firearm</p> <input type="checkbox"/> Handgun Deployed <input type="checkbox"/> Less Lethal- 12 Ga- Deployed <input type="checkbox"/> Handgun Used <input type="checkbox"/> Less Lethal- 12 Ga- Used <input type="checkbox"/> Rifle Deployed <input type="checkbox"/> Less Lethal- 40 mm- Deployed <input type="checkbox"/> Rifle Used <input type="checkbox"/> Less Lethal- 40 mm- Used <input type="checkbox"/> Shotgun Deployed <input type="checkbox"/> Noise Flash Device <input type="checkbox"/> Shotgun Used <input type="checkbox"/> Gas Deployment- OC/CS
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Injury Information:

Were any injuries sustained to officer? Yes No If yes, describe below...

Were any injuries sustained to suspect? Yes No If yes, describe below...

Was medical attention provided? Yes No If yes, describe below...

Describe the effects of the force used on any persons involved, and any decontamination method used if any...
 Taser deployment. Once tased, the suspect ceased resisting, and complied with arrest at that point.

Officer Information:

of officers present 2 # of officers injured: 0

Officer description: Uniform Plain Clothes

Duty Status: On Duty Off Duty On Duty Detail/Locatio

Route/Assignment: Wagon

Verbal Commands used Before Verbal Commands Used During Verbal Commands Used After

Miscellaneous Information:

Offense/Charge: Resisting arrest, first degree assault,

Lighting: Daylight Artificial Low Light Darkness

Location: Indoors Outdoors

Weather Conditions Sunny Clear Cloudy Rain Snow

Surface Conditions: Flat Incline Decline Wet Dry

Ice/Snow Debris No Debris Other

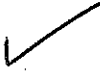
This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the Incident Report, Arrest Report & Booking Photo and forwarded to the Training Director.

Signature of reporting officer: [Signature] Reviewed by: [Signature] Date: 5/27/14

QWAZ



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-007705 Officer: Devereaux, Edward F Date: 5/25/2014 Time: 1826 Day: Sunday

Attached Reports: (Check All That Apply)

Incident Report Arrest Report Booking Photo

Was an arrest made? Suspect Name: OIC at time of Incident:
 Yes No Treem, Lisa Sgt. C. Biron

Suspect Information: CHECK ALL THAT APPLY

- | | |
|--|---|
| <input type="checkbox"/> Armed with a deadly weapon | <input type="checkbox"/> Armed with a non-deadly weapon |
| <input type="checkbox"/> Not armed | <input type="checkbox"/> Had been drinking |
| <input type="checkbox"/> Impaired or Intoxicated | <input type="checkbox"/> Under the influence of drugs |
| <input checked="" type="checkbox"/> Agitated prior to police arrival | <input type="checkbox"/> Any disability (describe): |
| <input type="checkbox"/> Language barrier (if so, language spoken) | |

Type of Force Used: CHECK ALL THAT APPLY

- | | | |
|---|---|---|
| <p><u>Soft Hand Control</u></p> <input type="checkbox"/> Joint Manipulation
<input type="checkbox"/> Pressure Point Control

<p><u>Secondary Weapon System</u></p> <input checked="" type="checkbox"/> OC
<input type="checkbox"/> Baton
<input type="checkbox"/> K-9
<input type="checkbox"/> Other (describe)
<input type="checkbox"/> Taser | <p><u>Hard Hand Control</u></p> <input type="checkbox"/> Open Hand Strike
<input type="checkbox"/> Kick
<input type="checkbox"/> Knee Strike
<input type="checkbox"/> Take Down
<input type="checkbox"/> Other (describe) | <p><u>Firearm</u></p> <input type="checkbox"/> Handgun Deployed <input type="checkbox"/> Less Lethal- 12 Ga- Deployed
<input type="checkbox"/> Handgun Used <input type="checkbox"/> Less Lethal- 12 Ga- Used
<input type="checkbox"/> Rifle Deployed <input type="checkbox"/> Less Lethal- 40 mm- Deployed
<input type="checkbox"/> Rifle Used <input type="checkbox"/> Less Lethal- 40 mm- Used
<input type="checkbox"/> Shotgun Deployed <input type="checkbox"/> Noise Flash Device
<input type="checkbox"/> Shotgun Used <input type="checkbox"/> Gas Deployment- OC/CS |
|---|---|---|

Injury Information:

Were any injuries sustained to officer? Yes No If yes, describe below...

Were any injuries sustained to suspect? Yes No If yes, describe below...

Was medical attention provided? Yes No If yes, describe below...

Describe the effects of the force used on any persons involved, and any decontamination method used if any....
 Use of OC incapacitated offender. Eye wash was used in booking and subject transported to Elliot Hospital per her request

Officer Information:

of officers present 3 # of officers injured: 0

Officer description: Uniform Plain Clothes

Duty Status: On Duty Off Duty On Duty Detail/Locatio

Route/Assignment:
 Verbal Commands used Before Verbal Commands Used During Verbal Commands Used After

Miscellaneous Information:

Offense/Charge: resisting arrest

Lighting: Daylight Artificial Low Light Darkness

Location: Indoors Outdoors

Weather Conditions Sunny Clear Cloudy Rain Snow

Surface Conditions: Flat Incline Decline Wet Dry

Ice/Snow Debris No Debris Other

This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the Incident Report, Arrest Report & Booking Photo and forwarded to the Training Director.

Signature of reporting officer: Edward F. Devereaux Reviewed by: C. Biron Date: 05-25-14

Handwritten initials: CWA-2



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-007692	Officer Jajuga, Matthew J	Date: 5/25/2014	Time: 1346	Day: Sunday
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Attached Reports: (Check All That Apply)

Incident Report
 Arrest Report
 Booking Photo

Was an arrest made? Yes No

Suspect Name: Jonathan Newton, [REDACTED]

Suspect Information: CHECK ALL THAT APPLY

<input type="checkbox"/> Armed with a deadly weapon	<input type="checkbox"/> Armed with a non-deadly weapon
<input type="checkbox"/> Not armed	<input checked="" type="checkbox"/> Had been drinking
<input checked="" type="checkbox"/> Impaired or Intoxicated	<input type="checkbox"/> Under the influence of drugs
<input checked="" type="checkbox"/> Agitated prior to police arrival	<input type="checkbox"/> Any disability (describe):
<input type="checkbox"/> Language barrier (if so, language spoken)	

Type of Force Used: CHECK ALL THAT APPLY

<p>Soft Hand Control</p> <input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control <p>Secondary Weapon System</p> <input type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input type="checkbox"/> Taser	<p>Hard Hand Control</p> <input type="checkbox"/> Open Hand Strike <input type="checkbox"/> Kick <input type="checkbox"/> Knee Strike <input checked="" type="checkbox"/> Take Down <input type="checkbox"/> Other (describe)	<p>Firearm</p> <input type="checkbox"/> Handgun Deployed <input type="checkbox"/> Handgun Used <input type="checkbox"/> Rifle Deployed <input type="checkbox"/> Rifle Used <input type="checkbox"/> Shotgun Deployed <input type="checkbox"/> Shotgun Used <input type="checkbox"/> Less Lethal- 12 Ga- Deployed <input type="checkbox"/> Less Lethal- 12 Ga- Used <input type="checkbox"/> Less Lethal- 40 mm- Deployed <input type="checkbox"/> Less Lethal- 40 mm- Used <input type="checkbox"/> Noise Flash Device <input type="checkbox"/> Gas Deployment- OC/CS
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Injury Information:

Were any injuries sustained to officer? Yes No If yes, describe below...

Were any injuries sustained to suspect? Yes No If yes, describe below...

Was medical attention provided? Yes No If yes, describe below...

Describe the effects of the force used on any persons involved, and any decontamination method used if any....
 Subject continued resisting arrest on the ground

Officer Information:

of officers present: 2 # of officers injured: 0

Officer description: Uniform Plain Clothes

Duty Status: On Duty Off Duty On Duty Detail/Location

Route/Assignment: Bravo 9

Verbal Commands used Before Verbal Commands Used During Verbal Commands Used After

Miscellaneous Information:

Offense/Charge: Resisting Detention, RSA 642:2; Resisting Arrest, RSA 642:2

Lighting: Daylight Artificial Low Light Darkness

Location: Indoors Outdoors

Weather Conditions: Sunny Clear Cloudy Rain Snow

Surface Conditions: Flat Incline Decline Wet Dry

Ice/Snow Debris No Debris Other

This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the Incident Report, Arrest Report & Booking Photo and forwarded to the Training Director.

Signature of reporting officer:	Reviewed by:	Date: 05/25/14
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MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-007177 Officer: Lachance, Marc M Date: 5/16/2014 Time: 1220 Day: Friday

Attached Reports: (Check All That Apply)

Incident Report Arrest Report Booking Photo

Was an arrest made?
 Yes No

Suspect Name:
Joshua Robinson

Suspect Information: CHECK ALL THAT APPLY

- | | |
|--|---|
| <input checked="" type="checkbox"/> Armed with a deadly weapon | <input type="checkbox"/> Armed with a non-deadly weapon |
| <input type="checkbox"/> Not armed | <input type="checkbox"/> Had been drinking |
| <input type="checkbox"/> Impaired or Intoxicated | <input type="checkbox"/> Under the influence of drugs |
| <input type="checkbox"/> Agitated prior to police arrival | <input type="checkbox"/> Any disability (describe): |
| <input type="checkbox"/> Language barrier (if so, language spoken) | |

Type of Force Used: CHECK ALL THAT APPLY

- | | | |
|--|---|--|
| <p>Soft Hand Control</p> <input type="checkbox"/> Joint Manipulation
<input type="checkbox"/> Pressure Point Control

<p>Secondary Weapon System</p> <input type="checkbox"/> OC
<input type="checkbox"/> Baton
<input type="checkbox"/> K-9
<input type="checkbox"/> Other (describe)
<input type="checkbox"/> Taser | <p>Hard Hand Control</p> <input type="checkbox"/> Open Hand Strike
<input type="checkbox"/> Kick
<input type="checkbox"/> Knee Strike
<input type="checkbox"/> Take Down
<input type="checkbox"/> Other (describe) | <p>Firearm</p> <input checked="" type="checkbox"/> Handgun Deployed
<input type="checkbox"/> Handgun Used
<input type="checkbox"/> Rifle Deployed
<input type="checkbox"/> Rifle Used
<input type="checkbox"/> Shotgun Deployed
<input type="checkbox"/> Shotgun Used

<input type="checkbox"/> Less Lethal- 12 Ga- Deployed
<input type="checkbox"/> Less Lethal- 12 Ga- Used
<input type="checkbox"/> Less Lethal- 40 mm- Deployed
<input type="checkbox"/> Less Lethal- 40 mm- Used
<input type="checkbox"/> Noise Flash Device
<input type="checkbox"/> Gas Deployment- OC/CS |
|--|---|--|

Injury Information:

Were any injuries sustained to officer? Yes No If yes, describe below...

Were any injuries sustained to suspect? Yes No If yes, describe below...

Was medical attention provided? Yes No If yes, describe below...

Describe the effects of the force used on any persons involved, and any decontamination method used if any...
Suspect, once thought to be armed with firearm, complied. Gun recovered in vicinity.

Officer Information:

of officers present: 3 # of officers injured: 0

Officer description: Uniform Plain Clothes

Duty Status: On Duty Off Duty On Duty Detail/Location

Route/Assignment: CP

Verbal Commands used Before Verbal Commands Used During Verbal Commands Used After

Miscellaneous Information:

Offense/Charge: Resisting Detention

Lighting: Daylight Artificial Low Light Darkness

Location: Indoors Outdoors

Weather Conditions Sunny Clear Cloudy Rain Snow

Surface Conditions: Flat Incline Decline Wet Dry

Ice/Snow Debris No Debris Other

This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the Incident Report, Arrest Report & Booking Photo and forwarded to the Training Director.

Signature of reporting officer: *Marc Lachance* Reviewed by: *[Signature]* Date: 5/19/14



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-007157 Officer: Mangum, Justin M Date: 5/16/2014 Time: 0330 Day: Friday

Attached Reports: (Check All That Apply)

Incident Report Arrest Report Booking Photo

Was an arrest made? Suspect Name:

Yes No Mills, Donnell [REDACTED]

Suspect Information: CHECK ALL THAT APPLY

<input type="checkbox"/> Armed with a deadly weapon	<input type="checkbox"/> Armed with a non-deadly weapon
<input type="checkbox"/> Not armed	<input checked="" type="checkbox"/> Had been drinking
<input checked="" type="checkbox"/> Impaired or Intoxicated	<input type="checkbox"/> Under the influence of drugs
<input checked="" type="checkbox"/> Agitated prior to police arrival	<input type="checkbox"/> Any disability (describe):
<input type="checkbox"/> Language barrier (if so, language spoken)	

Type of Force Used: CHECK ALL THAT APPLY

<p>Soft Hand Control</p> <input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control <p>Secondary Weapon System</p> <input type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input checked="" type="checkbox"/> Taser	<p>Hard Hand Control</p> <input type="checkbox"/> Open Hand Strike <input type="checkbox"/> Kick <input type="checkbox"/> Knee Strike <input checked="" type="checkbox"/> Take Down <input type="checkbox"/> Other (describe)	<p>Firearm</p> <input type="checkbox"/> Handgun Deployed <input type="checkbox"/> Less Lethal- 12 Ga- Deployed <input type="checkbox"/> Handgun Used <input type="checkbox"/> Less Lethal- 12 Ga- Used <input type="checkbox"/> Rifle Deployed <input type="checkbox"/> Less Lethal- 40 mm- Deployed <input type="checkbox"/> Rifle Used <input type="checkbox"/> Less Lethal- 40 mm- Used <input type="checkbox"/> Shotgun Deployed <input type="checkbox"/> Noise Flash Device <input type="checkbox"/> Shotgun Used <input type="checkbox"/> Gas Deployment- OC/CS
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Injury Information:

Were any injuries sustained to officer? Yes No If yes, describe below...

Scraped knuckles to Officer Mangum and scraped elbow to Officer Makara

Were any injuries sustained to suspect? Yes No If yes, describe below...

Was medical attention provided? Yes No If yes, describe below...

Describe the effects of the force used on any persons involved, and any decontamination method used if any....

After three separate drive stuns MILLS eventually submitted to arrest

Officer Information:

of officers present: 2 # of officers injured: 2

Officer description: Uniform Plain Clothes

Duty Status: On Duty Off Duty On Duty Detail/Location

Route/Assignment: 2-2

Verbal Commands used Before Verbal Commands Used During Verbal Commands Used After

Miscellaneous Information:

Offense/Charge: Simple Assault, Crim, Threat, Endangering Child, Resisting Arrest, Poss. Drugs

Lighting: Daylight Artificial Low Light Darkness

Location: Indoors Outdoors

Weather Conditions Sunny Clear Cloudy Rain Snow

Surface Conditions: Flat Incline Decline Wet Dry

Ice/Snow Debris No Debris Other

This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the Incident Report, Arrest Report & Booking Photo and forwarded to the Training Director.

Signature of reporting officer: [Signature] Reviewed by: [Signature] Date: 5/16/2014



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-006661	Officer: Joyal, Eric M	Date: 5/14/2014	Time: 0242	Day: Wednesday
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Attached Reports: (Check All That Apply)

Incident Report
 Arrest Report
 Booking Photo

Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Suspect Name: Stillwell, Adrien [REDACTED]	OIC at time of Incident: Sgt. Cosio
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Suspect Information - CHECK ALL THAT APPLY

<input type="checkbox"/> Armed with a deadly weapon	<input type="checkbox"/> Armed with a non-deadly weapon
<input type="checkbox"/> Not armed	<input type="checkbox"/> Had been drinking
<input type="checkbox"/> Impaired or Intoxicated	<input type="checkbox"/> Under the influence of drugs
<input checked="" type="checkbox"/> Agitated prior to police arrival	<input type="checkbox"/> Any disability (describe):
<input type="checkbox"/> Language barrier (if so, language spoken)	

Type of Force Used - CHECK ALL THAT APPLY

Soft Hand Control <input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control Secondary Weapon System <input type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input type="checkbox"/> Taser	Hard Hand Control <input type="checkbox"/> Open Hand Strike <input type="checkbox"/> Kick <input type="checkbox"/> Knee Strike <input checked="" type="checkbox"/> Take Down <input type="checkbox"/> Other (describe)	Firearm <input type="checkbox"/> Handgun Deployed <input type="checkbox"/> Handgun Used <input type="checkbox"/> Rifle Deployed <input type="checkbox"/> Rifle Used <input type="checkbox"/> Shotgun Deployed <input type="checkbox"/> Shotgun Used <input type="checkbox"/> Less Lethal- 12 Ga- Deployed <input type="checkbox"/> Less Lethal- 12 Ga- Used <input type="checkbox"/> Less Lethal- 40 mm- Deployed <input type="checkbox"/> Less Lethal- 40 mm- Used <input type="checkbox"/> Noise Flash Device <input type="checkbox"/> Gas Deployment- OC/CS
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Injury Information

Were any injuries sustained to officer?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, describe below...
Were any injuries sustained to suspect?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, describe below...
Was medical attention provided?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, describe below...

Describe the effects of the force used on any persons involved, and any decontamination method used if any...
 pushed subject to the ground in order to safely handcuff him and take him into custody.

Officer Information

# of officers present: <u>3</u>	# of officers injured: <u>0</u>
Officer description: <input checked="" type="checkbox"/> Uniform <input type="checkbox"/> Plain Clothes	
Duty Status: <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty <input type="checkbox"/> On Duty Detail/Locatio	
Route/Assignment: 1-4	
<input checked="" type="checkbox"/> Verbal Commands used Before	<input checked="" type="checkbox"/> Verbal Commands Used During
	<input checked="" type="checkbox"/> Verbal Commands Used After

Miscellaneous Information

Offense/Charge: Resisting Arrest					
Lighting:	<input type="checkbox"/> Daylight	<input type="checkbox"/> Artificial	<input checked="" type="checkbox"/> Low Light	<input checked="" type="checkbox"/> Darkness	
Location:	<input type="checkbox"/> Indoors	<input checked="" type="checkbox"/> Outdoors			
Weather Conditions:	<input type="checkbox"/> Sunny	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Rain	<input type="checkbox"/> Snow
Surface Conditions:	<input checked="" type="checkbox"/> Flat	<input type="checkbox"/> Incline	<input type="checkbox"/> Decline	<input type="checkbox"/> Wet	<input checked="" type="checkbox"/> Dry
	<input type="checkbox"/> Ice/Snow	<input type="checkbox"/> Debris	<input checked="" type="checkbox"/> No Debris	<input type="checkbox"/> Other	

This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the Incident Report, Arrest Report & Booking Photo and forwarded to the Training Director.

Signature of reporting officer: <i>[Signature]</i> #171	Reviewed by: <i>[Signature]</i> 2-12	Date: 5/8/14
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MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-6960	Officer Cunningham, John H	Date: 5/12/2014	Time: 1949	Day: Monday
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Attached Reports: (Check All That Apply)

Incident Report
 Arrest Report
 Booking Photo

Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Suspect Name: Richardson, Matthew	OIC at time of Incident: Lt Boucher
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Suspect Information: CHECK ALL THAT APPLY

<input type="checkbox"/> Armed with a deadly weapon	<input type="checkbox"/> Armed with a non-deadly weapon
<input checked="" type="checkbox"/> Not armed	<input type="checkbox"/> Had been drinking
<input type="checkbox"/> Impaired or Intoxicated	<input type="checkbox"/> Under the influence of drugs
<input type="checkbox"/> Agitated prior to police arrival	<input type="checkbox"/> Any disability (describe):
<input type="checkbox"/> Language barrier (if so, language spoken)	

Type of Force Used: CHECK ALL THAT APPLY

<p><u>Soft Hand Control</u></p> <input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control <p><u>Secondary Weapon System</u></p> <input type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input checked="" type="checkbox"/> Other (describe) Flashlight <input type="checkbox"/> Taser	<p><u>Hard Hand Control</u></p> <input type="checkbox"/> Open Hand Strike <input type="checkbox"/> Kick <input type="checkbox"/> Knee Strike <input type="checkbox"/> Take Down <input type="checkbox"/> Other (describe)	<p><u>Firearm</u></p> <input type="checkbox"/> Handgun Deployed <input type="checkbox"/> Handgun Used <input type="checkbox"/> Rifle Deployed <input type="checkbox"/> Rifle Used <input type="checkbox"/> Shotgun Deployed <input type="checkbox"/> Shotgun Used <input type="checkbox"/> Less Lethal- 12 Ga- Deployed <input type="checkbox"/> Less Lethal- 12 Ga- Used <input type="checkbox"/> Less Lethal- 40 mm- Deployed <input type="checkbox"/> Less Lethal- 40 mm- Used <input type="checkbox"/> Noise Flash Device <input type="checkbox"/> Gas Deployment- OC/CS
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Injury Information:

Were any injuries sustained to officer?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, describe below...
Were any injuries sustained to suspect?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, describe below...
Was medical attention provided?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, describe below...

Describe the effects of the force used on any persons involved, and any decontamination method used if any....
 Positive control gained over suspect and secured into handcuffs

Officer Information:

of officers present: 3 # of officers injured: 0

Officer description: Uniform Plain Clothes

Duty Status: On Duty Off Duty On Duty Detail/Location

Route/Assignment: SIU
 Verbal Commands used Before
 Verbal Commands Used During
 Verbal Commands Used After

Miscellaneous Information:

Offense/Charge: Resisting Arrest/ Possession of Heroin/ Falsification of Physical Evidence

Lighting: Daylight Artificial Low Light Darkness

Location: Indoors Outdoors

Weather Conditions: Sunny Clear Cloudy Rain Snow

Surface Conditions: Flat Incline Decline Wet Dry

Ice/Snow Debris No Debris Other

This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the Incident Report, Arrest Report & Booking Photo and forwarded to the Training Director.

Signature of reporting officer: <i>[Handwritten Signature]</i>	Reviewed by: <i>[Handwritten Signature]</i>	Date: 5/12/14
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MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-006863	Officer: Biron, Christopher R	Date: 5/10/2014	Time: 2203	Day: Saturday
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Attached Reports: (Check All That Apply)

Incident Report
 Arrest Report
 Booking Photo

Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Suspect Name: Stephen Wilding	OIC at time of Incident: Lt Boucher
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Suspect Information: CHECK ALL THAT APPLY

<input type="checkbox"/> Armed with a deadly weapon	<input type="checkbox"/> Armed with a non-deadly weapon
<input checked="" type="checkbox"/> Not armed	<input type="checkbox"/> Had been drinking
<input type="checkbox"/> Impaired or Intoxicated	<input type="checkbox"/> Under the influence of drugs
<input type="checkbox"/> Agitated prior to police arrival	<input type="checkbox"/> Any disability (describe):
<input type="checkbox"/> Language barrier (if so, language spoken)	

Type of Force Used: CHECK ALL THAT APPLY

<p><u>Soft Hand Control</u></p> <input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control <p><u>Secondary Weapon System</u></p> <input type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input type="checkbox"/> Taser	<p><u>Hard Hand Control</u></p> <input type="checkbox"/> Open Hand Strike <input type="checkbox"/> Kick <input type="checkbox"/> Knee Strike <input checked="" type="checkbox"/> Take Down <input type="checkbox"/> Other (describe)	<p><u>Firearm</u></p> <input type="checkbox"/> Handgun Deployed <input type="checkbox"/> Handgun Used <input type="checkbox"/> Rifle Deployed <input type="checkbox"/> Rifle Used <input type="checkbox"/> Shotgun Deployed <input type="checkbox"/> Shotgun Used <input type="checkbox"/> Less Lethal- 12 Ga- Deployed <input type="checkbox"/> Less Lethal- 12 Ga- Used <input type="checkbox"/> Less Lethal- 40 mm- Deployed <input type="checkbox"/> Less Lethal- 40 mm- Used <input type="checkbox"/> Noise Flash Device <input type="checkbox"/> Gas Deployment- OC/CS
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Injury Information

Were any injuries sustained to officer?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, describe below...
Were any injuries sustained to suspect?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, describe below...
Was medical attention provided?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, describe below...

Describe the effects of the force used on any persons involved, and any decontamination method used if any....
 Force applied stopped suspect from continuing his reckless conduct by separating him from his vehicle.

Officer Information

of officers present: 1 # of officers injured: 0

Officer description: Uniform Plain Clothes

Duty Status: On Duty Off Duty On Duty Detail/Location

Route/Assignment: Z-21/Patrol Supervisor

Verbal Commands used Before Verbal Commands Used During Verbal Commands Used After

Miscellaneous Information

Offense/Charge: Reckless Conduct (f), Disobey

Lighting:	<input type="checkbox"/> Daylight	<input checked="" type="checkbox"/> Artificial	<input type="checkbox"/> Low Light	<input type="checkbox"/> Darkness
Location:	<input type="checkbox"/> Indoors	<input checked="" type="checkbox"/> Outdoors		
Weather Conditions:	<input type="checkbox"/> Sunny	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Rain <input type="checkbox"/> Snow
Surface Conditions:	<input type="checkbox"/> Flat	<input type="checkbox"/> Incline	<input checked="" type="checkbox"/> Decline	<input type="checkbox"/> Wet <input type="checkbox"/> Dry
	<input type="checkbox"/> Ice/Snow	<input type="checkbox"/> Debris	<input type="checkbox"/> No Debris	<input type="checkbox"/> Other

This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the Incident Report, Arrest Report & Booking Photo and forwarded to the Training Director.

Signature of reporting officer: 	Reviewed by: 	Date: 05-10-14
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MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-006817 Officer: Mangum, Justin M Date: 5/10/2014 Time: 0150 Day: Saturday

Attached Reports: (Check All That Apply)

Incident Report Arrest Report Booking Photo

Was an arrest made?
 Yes No

Suspect Name:
Gabir, Gabir [REDACTED]

~~Suspect Information: CHECK ALL THAT APPLY~~

<input type="checkbox"/> Armed with a deadly weapon	<input type="checkbox"/> Armed with a non-deadly weapon
<input checked="" type="checkbox"/> Not armed	<input checked="" type="checkbox"/> Had been drinking
<input checked="" type="checkbox"/> Impaired or Intoxicated	<input type="checkbox"/> Under the influence of drugs
<input type="checkbox"/> Agitated prior to police arrival	<input type="checkbox"/> Any disability (describe):
<input type="checkbox"/> Language barrier (if so, language spoken)	

~~Type of Force Used: CHECK ALL THAT APPLY~~

<p><u>Soft Hand Control</u></p> <input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control <p><u>Secondary Weapon System</u></p> <input type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input type="checkbox"/> Taser	<p><u>Hard Hand Control</u></p> <input type="checkbox"/> Open Hand Strike <input type="checkbox"/> Kick <input type="checkbox"/> Knee Strike <input checked="" type="checkbox"/> Take Down <input type="checkbox"/> Other (describe)	<p><u>Firearm</u></p> <input type="checkbox"/> Handgun Deployed <input type="checkbox"/> Handgun Used <input type="checkbox"/> Rifle Deployed <input type="checkbox"/> Rifle Used <input type="checkbox"/> Shotgun Deployed <input type="checkbox"/> Shotgun Used <input type="checkbox"/> Less Lethal- 12 Ga- Deployed <input type="checkbox"/> Less Lethal- 12 Ga- Used <input type="checkbox"/> Less Lethal- 40 mm- Deployed <input type="checkbox"/> Less Lethal- 40 mm- Used <input type="checkbox"/> Noise Flash Device <input type="checkbox"/> Gas Deployment- OC/CS
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~~Injury Information~~

Were any injuries sustained to officer? Yes No If yes, describe below...

Were any injuries sustained to suspect? Yes No If yes, describe below...

Was medical attention provided? Yes No If yes, describe below...

Describe the effects of the force used on any persons involved, and any decontamination method used if any...
Taking GABIR to the ground stopped him from running and allowed me to take him into custody.

~~Officer Information~~

of officers present: 2 # of officers injured: 0

Officer description: Uniform Plain Clothes

Duty Status: On Duty Off Duty On Duty Detail/Location

Route/Assignment: 2-2

Verbal Commands used Before Verbal Commands Used During Verbal Commands Used After

~~Miscellaneous Information~~

Offense/Charge: Possession of Alcohol, Criminal Trespass, Resisting Arrest

Lighting: Daylight Artificial Low Light Darkness

Location: Indoors Outdoors

Weather Conditions Sunny Clear Cloudy Rain Snow

Surface Conditions: Flat Incline Decline Wet Dry

Ice/Snow Debris No Debris Other

This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the Incident Report, Arrest Report & Booking Photo and forwarded to the Training Director.

Signature of reporting officer: *[Signature]* 173 Reviewed by: *[Signature]* Date: 5/10/14



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-006661 Officer: Joyal, Eric M Date: 5/7/2014 Time: 0242 Day: Wednesday

Attached Reports: (Check All That Apply)

Incident Report Arrest Report Booking Photo

Was an arrest made? Suspect Name: OIC at time of Incident:
 Yes No polanco, eddy Sgt. Cosio

Suspect Information - CHECK ALL THAT APPLY

<input type="checkbox"/> Armed with a deadly weapon	<input type="checkbox"/> Armed with a non-deadly weapon
<input type="checkbox"/> Not armed	<input type="checkbox"/> Had been drinking
<input type="checkbox"/> Impaired or Intoxicated	<input type="checkbox"/> Under the influence of drugs
<input checked="" type="checkbox"/> Agitated prior to police arrival	<input type="checkbox"/> Any disability (describe):
<input type="checkbox"/> Language barrier (if so, language spoken)	

Type of Force Used - CHECK ALL THAT APPLY

<p>Soft Hand Control</p> <input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control <p>Secondary Weapon System</p> <input type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input type="checkbox"/> Taser	<p>Hard Hand Control</p> <input type="checkbox"/> Open Hand Strike <input type="checkbox"/> Kick <input type="checkbox"/> Knee Strike <input checked="" type="checkbox"/> Take Down <input type="checkbox"/> Other (describe)	<p>Firearm</p> <input type="checkbox"/> Handgun Deployed <input type="checkbox"/> Handgun Used <input type="checkbox"/> Rifle Deployed <input type="checkbox"/> Rifle Used <input type="checkbox"/> Shotgun Deployed <input type="checkbox"/> Shotgun Used <input type="checkbox"/> Less Lethal- 12 Ga- Deployed <input type="checkbox"/> Less Lethal- 12 Ga- Used <input type="checkbox"/> Less Lethal- 40 mm- Deployed <input type="checkbox"/> Less Lethal- 40 mm- Used <input type="checkbox"/> Noise Flash Device <input type="checkbox"/> Gas Deployment- OC/CS
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Injury Information

Were any injuries sustained to officer? Yes No If yes, describe below...

Were any injuries sustained to suspect? Yes No If yes, describe below...

Was medical attention provided? Yes No If yes, describe below...

Describe the effects of the force used on any persons involved, and any decontamination method used if any....
 Pushed subject down to the ground in order to safely place him in handcuffs

Officer Information

of officers present: 3 # of officers injured: 0

Officer description: Uniform Plain Clothes

Duty Status: On Duty Off Duty On Duty Detail/Locatio

Route/Assignment: 1-4
 Verbal Commands used Before Verbal Commands Used During Verbal Commands Used After

Miscellaneous Information

Offense/Charge: Resisting Arrest, Possession with Intent to Distribute

Lighting: Daylight Artificial Low Light Darkness

Location: Indoors Outdoors

Weather Conditions: Sunny Clear Cloudy Rain Snow

Surface Conditions: Flat Incline Decline Wet Dry
 Ice/Snow Debris No Debris Other

This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the Incident Report, Arrest Report & Booking Photo and forwarded to the Training Director

Signature of reporting officer: *[Signature]* Reviewed by: *[Signature]* Date: 5/8/14



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-006661 Officer: Joyal, Eric M Date: 5/7/2014 Time: 0242 Day: Wednesday

Attached Reports: (Check All That Apply)

Incident Report Arrest Report Booking Photo

Was an arrest made? Yes No Suspect Name: Trice, William [REDACTED] OIC at time of Incident: Sgt. Cosio

Suspect Information: CHECK ALL THAT APPLY

- | | |
|--|---|
| <input type="checkbox"/> Armed with a deadly weapon | <input type="checkbox"/> Armed with a non-deadly weapon |
| <input type="checkbox"/> Not armed | <input type="checkbox"/> Had been drinking |
| <input type="checkbox"/> Impaired or Intoxicated | <input type="checkbox"/> Under the influence of drugs |
| <input checked="" type="checkbox"/> Agitated prior to police arrival | <input type="checkbox"/> Any disability (describe): |
| <input type="checkbox"/> Language barrier (if so, language spoken) | |

Type of Force Used: CHECK ALL THAT APPLY

- | | | | |
|--|--|--|---|
| <p><u>Soft Hand Control</u></p> <input type="checkbox"/> Joint Manipulation
<input type="checkbox"/> Pressure Point Control

<p><u>Secondary Weapon System</u></p> <input type="checkbox"/> OC
<input type="checkbox"/> Baton
<input type="checkbox"/> K-9
<input type="checkbox"/> Other (describe)
<input type="checkbox"/> Taser | <p><u>Hard Hand Control</u></p> <input type="checkbox"/> Open Hand Strike
<input type="checkbox"/> Kick
<input type="checkbox"/> Knee Strike
<input type="checkbox"/> Take Down
<input checked="" type="checkbox"/> Other (describe)
Closed Hand Strike | <p><u>Firearm</u></p> <input type="checkbox"/> Handgun Deployed
<input type="checkbox"/> Handgun Used
<input type="checkbox"/> Rifle Deployed
<input type="checkbox"/> Rifle Used
<input type="checkbox"/> Shotgun Deployed
<input type="checkbox"/> Shotgun Used | <input type="checkbox"/> Less Lethal- 12 Ga- Deployed
<input type="checkbox"/> Less Lethal- 12 Ga- Used
<input type="checkbox"/> Less Lethal- 40 mm- Deployed
<input type="checkbox"/> Less Lethal- 40 mm- Used
<input type="checkbox"/> Noise Flash Device
<input type="checkbox"/> Gas Deployment- OC/CS |
|--|--|--|---|

Injury Information:

Were any injuries sustained to officer? Yes No If yes, describe below...

Were any injuries sustained to suspect? Yes No If yes, describe below...

Was medical attention provided? Yes No If yes, describe below...

Describe the effects of the force used on any persons involved, and any decontamination method used if any....
 Subject would not provide arms after having just been in a foot pursuit and possible assault....struck subject twice in the face in order to gain compliance using a closed fist.

Officer Information:

of officers present: 2 # of officers injured: 0

Officer description: Uniform Plain Clothes

Duty Status: On Duty Off Duty On Duty Detail/Locatio

Route/Assignment: 1-4

Verbal Commands used Before Verbal Commands Used During Verbal Commands Used After

Miscellaneous Information:

Offense/Charge: Resisting Arrest

Lighting: Daylight Artificial Low Light Darkness

Location: Indoors Outdoors

Weather Conditions: Sunny Clear Cloudy Rain Snow

Surface Conditions: Flat Incline Decline Wet Dry

Ice/Snow Debris No Debris Other

This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the Incident Report, Arrest Report & Booking Photo and forwarded to the Training Director.

Signature of reporting officer: *[Signature]* #171 Reviewed by: *[Signature]* Date: 5/10/14



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	14-006658	Officer:	Boyd, Ryan	Date:	5/6/2014	Time:	2300	Day:	Tuesday
Attached Reports: (Check All That Apply)									
<input checked="" type="checkbox"/> Incident Report			<input checked="" type="checkbox"/> Arrest Report			<input checked="" type="checkbox"/> Booking Photo <i>Taken on 5-15-14</i>			
Was an arrest made?		Suspect Name:				OIC at time of Incident:			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Kurt COSTELLO				Sgt. Cosio			
Suspect Information: CHECK ALL THAT APPLY									
<input type="checkbox"/> Armed with a deadly weapon					<input type="checkbox"/> Armed with a non-deadly weapon				
<input checked="" type="checkbox"/> Not armed					<input type="checkbox"/> Had been drinking				
<input type="checkbox"/> Impaired or Intoxicated					<input type="checkbox"/> Under the influence of drugs				
<input checked="" type="checkbox"/> Agitated prior to police arrival					<input type="checkbox"/> Any disability (describe):				
<input type="checkbox"/> Language barrier (if so, language spoken)									
Type of Force Used: CHECK ALL THAT APPLY									
<u>Soft Hand Control</u>			<u>Hard Hand Control</u>			<u>Firearm</u>			
<input type="checkbox"/> Joint Manipulation			<input type="checkbox"/> Open Hand Strike			<input type="checkbox"/> Handgun Deployed		<input type="checkbox"/> Less Lethal- 12 Ga- Deployed	
<input checked="" type="checkbox"/> Pressure Point Control			<input type="checkbox"/> Kick			<input type="checkbox"/> Handgun Used		<input type="checkbox"/> Less Lethal- 12 Ga- Used	
<u>Secondary Weapon System</u>			<input type="checkbox"/> Knee Strike			<input type="checkbox"/> Rifle Deployed		<input type="checkbox"/> Less Lethal- 40 mm- Deployed	
<input type="checkbox"/> OC			<input type="checkbox"/> Take Down			<input type="checkbox"/> Rifle Used		<input type="checkbox"/> Less Lethal- 40 mm- Used	
<input type="checkbox"/> Baton			<input type="checkbox"/> Other (describe)			<input type="checkbox"/> Shotgun Deployed		<input type="checkbox"/> Noise Flash Device	
<input type="checkbox"/> K-9						<input type="checkbox"/> Shotgun Used		<input type="checkbox"/> Gas Deployment- OC/CS	
<input type="checkbox"/> Other (describe)									
<input type="checkbox"/> Taser									
Injury Information:									
Were any injuries sustained to officer?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, describe below...			
Were any injuries sustained to suspect?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, describe below...			
Was medical attention provided?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, describe below...			
Describe the effects of the force used on any persons involved, and any decontamination method used if any....									
Mandiblaour angle pressure point control was used to gain subject compliance									
Officer Information:									
# of officers present: <u>3</u>			# of officers injured: <u>0</u>						
Officer description:			<input checked="" type="checkbox"/> Uniform		<input type="checkbox"/> Plain Clothes				
Duty Status:			<input checked="" type="checkbox"/> On Duty		<input type="checkbox"/> Off Duty		<input type="checkbox"/> On Duty Detail/Location		
Route/Assignment: <u>2-4</u>									
<input checked="" type="checkbox"/> Verbal Commands used Before			<input checked="" type="checkbox"/> Verbal Commands Used During			<input checked="" type="checkbox"/> Verbal Commands Used After			
Miscellaneous Information:									
Offense/Charge: <u>Resisting Arrest (felony theft warrants)</u>									
Lighting:			<input type="checkbox"/> Daylight		<input checked="" type="checkbox"/> Artificial		<input type="checkbox"/> Low Light		<input type="checkbox"/> Darkness
Location:			<input checked="" type="checkbox"/> Indoors		<input type="checkbox"/> Outdoors				
Weather Conditions			<input type="checkbox"/> Sunny		<input checked="" type="checkbox"/> Clear		<input type="checkbox"/> Cloudy		<input type="checkbox"/> Rain <input type="checkbox"/> Snow
Surface Conditions:			<input checked="" type="checkbox"/> Flat		<input type="checkbox"/> Incline		<input type="checkbox"/> Decline		<input type="checkbox"/> Wet <input type="checkbox"/> Dry
			<input type="checkbox"/> Ice/Snow		<input type="checkbox"/> Debris		<input checked="" type="checkbox"/> No Debris		<input type="checkbox"/> Other
This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the Incident Report, Arrest Report & Booking Photo and forwarded to the Training Director.									
Signature of reporting officer: <i>[Signature]</i>				Reviewed by: <i>[Signature]</i> 2-12				Date: <u>5 8 14</u>	

A2



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-006525 Officer: Joyal, Eric M Date: 5/4/2014 Time: 1552 Day: Sunday

Attached Reports: (Check All That Apply)

Incident Report Arrest Report Booking Photo

Was an arrest made?
 Yes No

Suspect Name:
Francis Bemis [REDACTED]

OIC at time of Incident:
Lt. Boucher

Suspect Information: CHECK ALL THAT APPLY

- | | |
|--|---|
| <input type="checkbox"/> Armed with a deadly weapon | <input type="checkbox"/> Armed with a non-deadly weapon |
| <input checked="" type="checkbox"/> Not armed | <input checked="" type="checkbox"/> Had been drinking |
| <input checked="" type="checkbox"/> Impaired or Intoxicated | <input type="checkbox"/> Under the influence of drugs |
| <input checked="" type="checkbox"/> Agitated prior to police arrival | <input type="checkbox"/> Any disability (describe): |
| <input type="checkbox"/> Language barrier (if so, language spoken) | |

Type of Force Used: CHECK ALL THAT APPLY

- | | | |
|--|--|---|
| <p>Soft Hand Control</p> <input type="checkbox"/> Joint Manipulation
<input type="checkbox"/> Pressure Point Control

<p>Secondary Weapon System</p> <input type="checkbox"/> OC
<input type="checkbox"/> Baton
<input type="checkbox"/> K-9
<input type="checkbox"/> Other (describe)
<input type="checkbox"/> Taser | <p>Hard Hand Control</p> <input type="checkbox"/> Open Hand Strike
<input type="checkbox"/> Kick
<input type="checkbox"/> Knee Strike
<input type="checkbox"/> Take Down
<input checked="" type="checkbox"/> Other (describe) | <p>Firearm</p> <input type="checkbox"/> Handgun Deployed
<input type="checkbox"/> Handgun Used
<input type="checkbox"/> Rifle Deployed
<input type="checkbox"/> Rifle Used
<input type="checkbox"/> Shotgun Deployed
<input type="checkbox"/> Shotgun Used

<input type="checkbox"/> Less Lethal- 12 Ga- Deployed
<input type="checkbox"/> Less Lethal- 12 Ga- Used
<input type="checkbox"/> Less Lethal- 40 mm- Deployed
<input type="checkbox"/> Less Lethal- 40 mm- Used
<input type="checkbox"/> Noise Flash Device
<input type="checkbox"/> Gas Deployment- OC/CS |
|--|--|---|

Injury Information:

- Were any injuries sustained to officer? Yes No If yes, describe below...
- Were any injuries sustained to suspect? Yes No If yes, describe below...
- Was medical attention provided? Yes No If yes, describe below...

Describe the effects of the force used on any persons involved, and any decontamination method used if any....
 Subject punched through my hands hitting me in chest, subsequently spun subject around by his arm and pushed him up against the wall for control until I was able to place him into handcuffs.

Officer Information:

of officers present: 1 # of officers injured: 0

Officer description: Uniform Plain Clothes

Duty Status: On Duty Off Duty On Duty Detail/Locatio Elliot Hospital

Route/Assignment: Elliot Security

Verbal Commands used Before Verbal Commands Used During Verbal Commands Used After

Miscellaneous Information:

Offense/Charge: RSA 631:2-A Simple Assault on a PO

Lighting: Daylight Artificial Low Light Darkness

Location: Indoors Outdoors

Weather Conditions: Sunny Clear Cloudy Rain Snow

Surface Conditions: Flat Incline Decline Wet Dry

Ice/Snow Debris No Debris Other

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Signature of reporting officer: *E. Joyal* #171 Reviewed by: *[Signature]* Date: 5-5-14

CHWAL



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-6532	Officer: Whelan, Daniel B	Date: 5/4/2014	Time: 1735	Day: Sunday
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Attached Reports: (Check All That Apply)

Incident Report
 Arrest Report
 Booking Photo

Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Suspect Name: Bai, Senesie	OIC at time of Incident: Lt. Boucher
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Suspect Information: CHECK ALL THAT APPLY

<input type="checkbox"/> Armed with a deadly weapon	<input type="checkbox"/> Armed with a non-deadly weapon
<input checked="" type="checkbox"/> Not armed	<input type="checkbox"/> Had been drinking
<input type="checkbox"/> Impaired or Intoxicated	<input type="checkbox"/> Under the influence of drugs
<input type="checkbox"/> Agitated prior to police arrival	<input type="checkbox"/> Any disability (describe):
<input type="checkbox"/> Language barrier (if so, language spoken)	

Type of Force Used: CHECK ALL THAT APPLY

Soft Hand Control <input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control Secondary Weapon System <input type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input checked="" type="checkbox"/> Taser <i>no taser used / was pulled out</i>	Hard Hand Control <input type="checkbox"/> Open Hand Strike <input type="checkbox"/> Kick <input type="checkbox"/> Knee Strike <input checked="" type="checkbox"/> Take Down <input type="checkbox"/> Other (describe)	Firearm <input type="checkbox"/> Handgun Deployed <input type="checkbox"/> Handgun Used <input type="checkbox"/> Rifle Deployed <input type="checkbox"/> Rifle Used <input type="checkbox"/> Shotgun Deployed <input type="checkbox"/> Shotgun Used <input type="checkbox"/> Less Lethal- 12 Ga- Deployed <input type="checkbox"/> Less Lethal- 12 Ga- Used <input type="checkbox"/> Less Lethal- 40 mm- Deployed <input type="checkbox"/> Less Lethal- 40 mm- Used <input type="checkbox"/> Noise Flash Device <input type="checkbox"/> Gas Deployment- OC/CS
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Injury Information

Were any injuries sustained to officer?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, describe below...
Were any injuries sustained to suspect?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, describe below...
Was medical attention provided?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, describe below...

Describe the effects of the force used on any persons involved, and any decontamination method used if any....
 Bai resisted during the course of the Terry Pat. Officer Karoul pointed a taser at Bai, attempting to gain cooperation, but he refused. Officer Karoul and I took Bai down and placed him into handcuffs.

Officer Information

of officers present: 2 # of officers injured: 0

Officer description: Uniform Plain Clothes

Duty Status: On Duty Off Duty On Duty Detail/Location

Route/Assignment:
 Verbal Commands used Before
 Verbal Commands Used During
 Verbal Commands Used After

Miscellaneous Information

Offense/Charge: R.S.A. 642:2 Resisting Detention

Lighting:	<input checked="" type="checkbox"/> Daylight	<input type="checkbox"/> Artificial	<input type="checkbox"/> Low Light	<input type="checkbox"/> Darkness
Location:	<input type="checkbox"/> Indoors	<input checked="" type="checkbox"/> Outdoors		
Weather Conditions:	<input type="checkbox"/> Sunny	<input type="checkbox"/> Clear	<input checked="" type="checkbox"/> Cloudy	<input type="checkbox"/> Rain <input type="checkbox"/> Snow
Surface Conditions:	<input checked="" type="checkbox"/> Flat	<input type="checkbox"/> Incline	<input type="checkbox"/> Decline	<input type="checkbox"/> Wet <input type="checkbox"/> Dry
	<input type="checkbox"/> Ice/Snow	<input type="checkbox"/> Debris	<input type="checkbox"/> No Debris	<input type="checkbox"/> Other

This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the Incident Report, Arrest Report & Booking Photo and forwarded to the Training Director.

Signature of reporting officer: <i>Daniel B. Whelan</i>	Reviewed by: <i>[Signature]</i>	Date: <i>05-04-14</i>
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OWA-2



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-006537	Officer: Biron, Christopher R	Date: 5/4/2014	Time: 1915	Day: Sunday
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Attached Reports: (Check All That Apply)

Incident Report
 Arrest Report
 Booking Photo

Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Suspect Name: Jaquez, Danny	OIC at time of Incident: Lt Boucher
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Suspect Information: CHECK ALL THAT APPLY

<input type="checkbox"/> Armed with a deadly weapon	<input type="checkbox"/> Armed with a non-deadly weapon
<input checked="" type="checkbox"/> Not armed	<input type="checkbox"/> Had been drinking
<input checked="" type="checkbox"/> Impaired or Intoxicated	<input type="checkbox"/> Under the influence of drugs
<input checked="" type="checkbox"/> Agitated prior to police arrival	<input type="checkbox"/> Any disability (describe):
<input type="checkbox"/> Language barrier (if so, language spoken)	

Type of Force Used: CHECK ALL THAT APPLY

Soft Hand Control <input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control Secondary Weapon System <input type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input checked="" type="checkbox"/> Taser	Hard Hand Control <input type="checkbox"/> Open Hand Strike <input type="checkbox"/> Kick <input type="checkbox"/> Knee Strike <input type="checkbox"/> Take Down <input type="checkbox"/> Other (describe)	Firearm <input type="checkbox"/> Handgun Deployed <input type="checkbox"/> Handgun Used <input type="checkbox"/> Rifle Deployed <input type="checkbox"/> Rifle Used <input type="checkbox"/> Shotgun Deployed <input type="checkbox"/> Shotgun Used <input type="checkbox"/> Less Lethal- 12 Ga- Deployed <input type="checkbox"/> Less Lethal- 12 Ga- Used <input type="checkbox"/> Less Lethal- 40 mm- Deployed <input type="checkbox"/> Less Lethal- 40 mm- Used <input type="checkbox"/> Noise Flash Device <input type="checkbox"/> Gas Deployment- OC/CS
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Injury Information:

Were any injuries sustained to officer?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, describe below...
Were any injuries sustained to suspect?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, describe below...
Was medical attention provided?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, describe below...

Describe the effects of the force used on any persons involved, and any decontamination method used if any....
 Suspect showed immediate effect from Taser and discontinued resistance. No decon-standard probe removal.

Officer Information:

of officers present: 17 # of officers injured: 1

Officer description: Uniform Plain Clothes

Duty Status: On Duty Off Duty On Duty Detail/Location

Route/Assignment: Supervisor

Verbal Commands used Before
 Verbal Commands Used During
 Verbal Commands Used After

Miscellaneous Information:

Offense/Charge:

Lighting: Daylight Artificial Low Light Darkness

Location: Indoors Outdoors

Weather Conditions: Sunny Clear Cloudy Rain Snow

Surface Conditions: Flat Incline Decline Wet Dry

Ice/Snow Debris No Debris Other

This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the Incident Report, Arrest Report & Booking Photo and forwarded to the Training Director.

Signature of reporting officer: <i>CBL</i>	Reviewed by: <i>[Signature]</i> L.S	Date: <i>05-05-14</i>
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AZ



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-6537	Officer: Day, Christopher B	Date: 5/4/2014	Time: 1915	Day: Sunday
Attached Reports: (Check All That Apply)				
<input checked="" type="checkbox"/> Incident Report		<input checked="" type="checkbox"/> Arrest Report		<input checked="" type="checkbox"/> Booking Photo
Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Suspect Name: Jaquez, Danny		OIC at time of Incident: Lt Todd Boucher	
Suspect Information CHECK ALL THAT APPLY				
<input type="checkbox"/> Armed with a deadly weapon	<input type="checkbox"/> Armed with a non-deadly weapon			
<input checked="" type="checkbox"/> Not armed	<input type="checkbox"/> Had been drinking			
<input type="checkbox"/> Impaired or Intoxicated	<input type="checkbox"/> Under the influence of drugs			
<input checked="" type="checkbox"/> Agitated prior to police arrival	<input type="checkbox"/> Any disability (describe):			
<input type="checkbox"/> Language barrier (if so, language spoken)				
Type of Force Used CHECK ALL THAT APPLY				
Soft Hand Control	Hard Hand Control	Firearm		
<input type="checkbox"/> Joint Manipulation	<input type="checkbox"/> Open Hand Strike	<input type="checkbox"/> Handgun Deployed	<input type="checkbox"/> Less Lethal- 12 Ga- Deployed	
<input type="checkbox"/> Pressure Point Control	<input type="checkbox"/> Kick	<input type="checkbox"/> Handgun Used	<input type="checkbox"/> Less Lethal- 12 Ga- Used	
Secondary Weapon System	<input type="checkbox"/> Knee Strike	<input type="checkbox"/> Rifle Deployed	<input type="checkbox"/> Less Lethal- 40 mm- Deployed	
<input type="checkbox"/> OC	<input checked="" type="checkbox"/> Take Down	<input type="checkbox"/> Rifle Used	<input type="checkbox"/> Less Lethal- 40 mm- Used	
<input type="checkbox"/> Baton	<input type="checkbox"/> Other (describe)	<input type="checkbox"/> Shotgun Deployed	<input type="checkbox"/> Noise Flash Device	
<input type="checkbox"/> K-9		<input type="checkbox"/> Shotgun Used	<input type="checkbox"/> Gas Deployment- OC/CS	
<input type="checkbox"/> Other (describe)				
<input type="checkbox"/> Taser				
Injury Information				
Were any injuries sustained to officer?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe below...	
Right foot discomfort from the suspect rolling on my foot and getting pinned underneath him during the struggle				
Were any injuries sustained to suspect?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe below...	
Was medical attention provided? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe below...				
AMR checked in booking. No transport required				
Describe the effects of the force used on any persons involved, and any decontamination method used if any....				
Got him to stop running from officers where he was subsequently able to be placed in custody.				
Officer Information				
# of officers present: 17		# of officers injured: 1		
Officer description:		<input checked="" type="checkbox"/> Uniform	<input type="checkbox"/> Plain Clothes	
Duty Status:		<input checked="" type="checkbox"/> On Duty	<input type="checkbox"/> Off Duty	<input type="checkbox"/> On Duty Detail/Location
Route/Assignment: BR4				
<input checked="" type="checkbox"/> Verbal Commands used Before		<input checked="" type="checkbox"/> Verbal Commands Used During		<input checked="" type="checkbox"/> Verbal Commands Used After
Miscellaneous Information				
Offense/Charge: Reckless Conduct, Mischief, Threatening, Resisting Arrest, Preventative Detention				
Lighting:		<input checked="" type="checkbox"/> Daylight	<input type="checkbox"/> Artificial	<input type="checkbox"/> Low Light <input type="checkbox"/> Darkness
Location:		<input type="checkbox"/> Indoors	<input checked="" type="checkbox"/> Outdoors	
Weather Conditions:		<input type="checkbox"/> Sunny	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow
Surface Conditions:		<input checked="" type="checkbox"/> Flat	<input type="checkbox"/> Incline	<input type="checkbox"/> Decline <input type="checkbox"/> Wet <input type="checkbox"/> Dry
		<input type="checkbox"/> Ice/Snow	<input type="checkbox"/> Debris	<input checked="" type="checkbox"/> No Debris <input type="checkbox"/> Other
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Signature of reporting officer: 		Reviewed by: 		Date: 5/4/14



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-006537	Officer: McCabe, Shawn W	Date: 5/4/2014	Time: 1959	Day: Sunday
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Attached Reports: (Check All That Apply)

Incident Report
 Arrest Report
 Booking Photo

Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Suspect Name: Jaquez, Danny	OIC at time of Incident: Lt. Boucher
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Suspect Information: CHECK ALL THAT APPLY

<input type="checkbox"/> Armed with a deadly weapon	<input type="checkbox"/> Armed with a non-deadly weapon
<input type="checkbox"/> Not armed	<input type="checkbox"/> Had been drinking
<input type="checkbox"/> Impaired or Intoxicated	<input type="checkbox"/> Under the influence of drugs
<input checked="" type="checkbox"/> Agitated prior to police arrival	<input checked="" type="checkbox"/> Any disability (describe): Bipolar
<input type="checkbox"/> Language barrier (if so, language spoken)	

Type of Force Used: CHECK ALL THAT APPLY

Soft Hand Control <input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control Secondary Weapon System <input type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input checked="" type="checkbox"/> Taser	Hard Hand Control <input type="checkbox"/> Open Hand Strike <input type="checkbox"/> Kick <input type="checkbox"/> Knee Strike <input type="checkbox"/> Take Down <input type="checkbox"/> Other (describe)	Firearm <input checked="" type="checkbox"/> Handgun Deployed <input type="checkbox"/> Handgun Used <input type="checkbox"/> Rifle Deployed <input type="checkbox"/> Rifle Used <input type="checkbox"/> Shotgun Deployed <input type="checkbox"/> Shotgun Used <input type="checkbox"/> Less Lethal- 12 Ga- Deployed <input type="checkbox"/> Less Lethal- 12 Ga- Used <input type="checkbox"/> Less Lethal- 40 mm- Deployed <input type="checkbox"/> Less Lethal- 40 mm- Used <input type="checkbox"/> Noise Flash Device <input type="checkbox"/> Gas Deployment- OC/CS
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Injury Information

Were any injuries sustained to officer?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, describe below...
Were any injuries sustained to suspect?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, describe below...
Was medical attention provided?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, describe below...

EMS on scene

Describe the effects of the force used on any persons involved, and any decontamination method used if any....
 Domestic with a firearm, foot pursuit, was taken down and tased, (drive stun) continued to be aggressive, tased again (darts), compliance gained

Officer Information

# of officers present: <u>17</u>	# of officers injured: <u>1</u>
Officer description: <input checked="" type="checkbox"/> Uniform <input type="checkbox"/> Plain Clothes	
Duty Status: <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty <input type="checkbox"/> On Duty Detail/Location	
Route/Assignment: Patrol	
<input checked="" type="checkbox"/> Verbal Commands used Before	<input checked="" type="checkbox"/> Verbal Commands Used During
	<input checked="" type="checkbox"/> Verbal Commands Used After

Miscellaneous Information

Offense/Charge: Criminal Threat, Criminal Mischief, Resisting, Reckless Conduct, Preventative detention

Lighting: <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Artificial <input type="checkbox"/> Low Light <input type="checkbox"/> Darkness
Location: <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors
Weather Conditions: <input checked="" type="checkbox"/> Sunny <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow
Surface Conditions: <input checked="" type="checkbox"/> Flat <input type="checkbox"/> Incline <input type="checkbox"/> Decline <input type="checkbox"/> Wet <input type="checkbox"/> Dry
<input type="checkbox"/> Ice/Snow <input type="checkbox"/> Debris <input type="checkbox"/> No Debris <input type="checkbox"/> Other

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Signature of reporting officer:	Reviewed by:	Date: <u>05-04-14</u>
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MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-006537 Officer: HORN, CHRISTIAN Date: 5/4/2014 Time: 1915 Day: Sunday

Attached Reports: (Check All That Apply)

Incident Report Arrest Report Booking Photo

Was an arrest made? Yes No Suspect Name: Jaquez, Danny OIC at time of Incident: LT Boucher

Suspect Information: CHECK ALL THAT APPLY

Armed with a deadly weapon Armed with a non-deadly weapon
 Not armed Had been drinking
 Impaired or Intoxicated Under the influence of drugs
 Agitated prior to police arrival Any disability (describe):
 Language barrier (if so, language spoken)

Type of Force Used: CHECK ALL THAT APPLY

<p>Soft Hand Control</p> <input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control	<p>Hard Hand Control</p> <input type="checkbox"/> Open Hand Strike <input type="checkbox"/> Kick <input checked="" type="checkbox"/> Knee Strike <input type="checkbox"/> Take Down <input type="checkbox"/> Other (describe)	<p>Firearm</p> <input type="checkbox"/> Handgun Deployed <input type="checkbox"/> Handgun Used <input type="checkbox"/> Rifle Deployed <input type="checkbox"/> Rifle Used <input type="checkbox"/> Shotgun Deployed <input type="checkbox"/> Shotgun Used	<input type="checkbox"/> Less Lethal- 12 Ga- Deployed <input type="checkbox"/> Less Lethal- 12 Ga- Used <input type="checkbox"/> Less Lethal- 40 mm- Deployed <input type="checkbox"/> Less Lethal- 40 mm- Used <input type="checkbox"/> Noise Flash Device <input type="checkbox"/> Gas Deployment- OC/CS
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Secondary Weapon System

 OC
 Baton
 K-9
 Other (describe)
 Taser

Injury Information

Were any injuries sustained to officer? Yes No If yes, describe below...

Were any injuries sustained to suspect? Yes No If yes, describe below...

Was medical attention provided? Yes No If yes, describe below...

Describe the effects of the force used on any persons involved, and any decontamination method used if any....
 Knee strikes to Suspect that possible armed with gun. Would not show hands or listen to Officers commands eventually tased to get control of Suspect

Officer Information

of officers present: 17 # of officers injured: 1

Officer description: Uniform Plain Clothes

Duty Status: On Duty Off Duty On Duty Detail/Location

Route/Assignment: 2-4

Verbal Commands used Before Verbal Commands Used During Verbal Commands Used After

Miscellaneous Information

Offense/Charge: RSA 631:4 Criminal Threatening RSA 634:2 Criminal Mischief RSA 631:3 Reckless Conduct

Lighting: Daylight Artificial Low Light Darkness

Location: Indoors Outdoors

Weather Conditions: Sunny Clear Cloudy Rain Snow

Surface Conditions: Flat Incline Decline Wet Dry

Ice/Snow Debris No Debris Other

This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the Incident Report, Arrest Report & Booking Photo and forwarded to the Training Director.

Signature of reporting officer: [Signature] Reviewed by: [Signature] Date: 5-4-14



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-006495 Officer: Ryan, Joseph F Date: 5/3/2014 Time: 2147 Day: Saturday

Attached Reports: (Check All That Apply)

Incident Report Arrest Report Booking Photo

Was an arrest made?
 Yes No

Suspect Name:
Gauvin, Kevin

OIC at time of Incident:
Lt. Boucher

Suspect Information: ~~CHECK ALL THAT APPLY~~

<input type="checkbox"/> Armed with a deadly weapon	<input type="checkbox"/> Armed with a non-deadly weapon
<input checked="" type="checkbox"/> Not armed	<input checked="" type="checkbox"/> Had been drinking
<input checked="" type="checkbox"/> Impaired or Intoxicated	<input type="checkbox"/> Under the influence of drugs
<input checked="" type="checkbox"/> Agitated prior to police arrival	<input type="checkbox"/> Any disability (describe):
<input type="checkbox"/> Language barrier (if so, language spoken)	

Type of Force Used: ~~CHECK ALL THAT APPLY~~

<p><u>Soft Hand Control</u></p> <input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control	<p><u>Hard Hand Control</u></p> <input type="checkbox"/> Open Hand Strike <input type="checkbox"/> Kick <input type="checkbox"/> Knee Strike <input checked="" type="checkbox"/> Take Down <input checked="" type="checkbox"/> Other (describe) closed fist	<p><u>Firearm</u></p> <input type="checkbox"/> Handgun Deployed <input type="checkbox"/> Handgun Used <input type="checkbox"/> Rifle Deployed <input type="checkbox"/> Rifle Used <input type="checkbox"/> Shotgun Deployed <input type="checkbox"/> Shotgun Used	<input type="checkbox"/> Less Lethal- 12 Ga- Deployed <input type="checkbox"/> Less Lethal- 12 Ga- Used <input type="checkbox"/> Less Lethal- 40 mm- Deployed <input type="checkbox"/> Less Lethal- 40 mm- Used <input type="checkbox"/> Noise Flash Device <input type="checkbox"/> Gas Deployment- OC/CS
<p><u>Secondary Weapon System</u></p> <input type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input type="checkbox"/> Taser			

Injury Information

Were any injuries sustained to officer? Yes No If yes, describe below...

Were any injuries sustained to suspect? Yes No If yes, describe below...

Was medical attention provided? Yes No If yes, describe below...

Transport to Elliot for evaluation and detox. Not related to UOF. EMS on scene prior to police and called PD for assistance

Describe the effects of the force used on any persons involved, and any decontamination method used if any....
 Subject assaulted officers, was taken down and tased, continued to be aggressive, tased again, compliance gained

Officer Information

of officers present: 3 # of officers injured: 0

Officer description: Uniform Plain Clothes

Duty Status: On Duty Off Duty On Duty Detail/Location

Route/Assignment:
 Verbal Commands used Before Verbal Commands Used During Verbal Commands Used After

Miscellaneous Information

Offense/Charge: Simple Assault on a PO, Disorderly Conduct

Lighting: Daylight Artificial Low Light Darkness

Location: Indoors Outdoors

Weather Conditions Sunny Clear Cloudy Rain Snow

Surface Conditions: Flat Incline Decline Wet Dry

Ice/Snow Debris No Debris Other

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Signature of reporting officer: 	Reviewed by:	Date: 05-03-14
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MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-006495 Officer: Feather, Derek A Date: 5/3/2014 Time: 2147 Day: Saturday

Attached Reports: (Check All That Apply)

Incident Report Arrest Report Booking Photo

Was an arrest made? Suspect Name: OIC at time of Incident:

Yes No Gauvin, Keith Lt. Boucher

Suspect Information - CHECK ALL THAT APPLY

Armed with a deadly weapon Armed with a non-deadly weapon
 Not armed Had been drinking
 Impaired or Intoxicated Under the influence of drugs
 Agitated prior to police arrival Any disability (describe):
 Language barrier (if so, language spoken)

Type of Force Used - CHECK ALL THAT APPLY

<p>Soft Hand Control</p> <input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control	<p>Hard Hand Control</p> <input type="checkbox"/> Open Hand Strike <input type="checkbox"/> Kick <input type="checkbox"/> Knee Strike <input type="checkbox"/> Take Down <input type="checkbox"/> Other (describe)	<p>Firearm</p> <input type="checkbox"/> Handgun Deployed <input type="checkbox"/> Handgun Used <input type="checkbox"/> Rifle Deployed <input type="checkbox"/> Rifle Used <input type="checkbox"/> Shotgun Deployed <input type="checkbox"/> Shotgun Used	<input type="checkbox"/> Less Lethal- 12 Ga- Deployed <input type="checkbox"/> Less Lethal- 12 Ga- Used <input type="checkbox"/> Less Lethal- 40 mm- Deployed <input type="checkbox"/> Less Lethal- 40 mm- Used <input type="checkbox"/> Noise Flash Device <input type="checkbox"/> Gas Deployment- OC/CS
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Secondary Weapon System

 OC
 Baton
 K-9
 Other (describe)
 Taser

Injury Information:

Were any injuries sustained to officer? Yes No If yes, describe below...

Were any injuries sustained to suspect? Yes No If yes, describe below...

Was medical attention provided? Yes No If yes, describe below...

Ems already on scene, No medical attention was needed.

Describe the effects of the force used on any persons involved, and any decontamination method used if any....
The first probe deployment was ineffective due to the close proximity, the second deployment was effective.

Officer Information:

of officers present: 3 # of officers injured: 0

Officer description: Uniform Plain Clothes

Duty Status: On Duty Off Duty On Duty Detail/Location

Route/Assignment: 3-2 C

Verbal Commands used Before Verbal Commands Used During Verbal Commands Used After

Miscellaneous Information:

Offense/Charge: Assault on a Police Officer

Lighting: Daylight Artificial Low Light Darkness

Location: Indoors Outdoors

Weather Conditions: Sunny Clear Cloudy Rain Snow

Surface Conditions: Flat Incline Decline Wet Dry

Ice/Snow Debris No Debris Other

This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the Incident Report, Arrest Report & Booking Photo and forwarded to the Training Director.

Signature of reporting officer: Reviewed by: Date: 5-5-14

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